

ORDER FORM

TO: Purchase of Medical Care Services
DHHS – Controller's Office
1904 Mail Service Center
Raleigh, NC 27699-1904

Date: _____

Attach self-addressed mailing label

FROM: Name _____

Mailing Address _____

Courier _____ Attn: _____

Phone No.: (____) _____

FOR USE WITH THE FOLLOWING PURCHASE OF MEDICAL CARE SERVICES PROGRAM(S):
(Please check the appropriate program(s) for your order):

☐ Children's Special Health Services

☐ Kidney

☐ Adult Cystic Fibrosis

☐ Sickle Cell

☐ Assistive Technology

☐ HIV Medications

☐ Cancer

☐ Migrant Health

QUANTITY

TITLE

_____ DHHS 3014 – Financial Eligibility Application

_____ DHHS 3017 – Financial Eligibility Worksheet

_____ DHHS 3056 – Authorization Request/Approval

_____ DHHS 3058 – Pharmacy Claim

_____ DHHS 3202 – Order Form

_____ DHHS 3726 – Medical Expense Worksheet

_____ DHHS 3753 – Migrant (Farmworker) Health Program Eligibility Application

_____ Purchase of Medical Care Services Manual

_____ Pharmacy Billing Guide

_____ Durable Medical Equipment, Supplies, and Formula Billing Information

PLEASE DO NOT ORDER MORE THAN YOU EXPECT TO USE IN 3 MONTHS.

Purpose: To order forms provided by Purchase of Medical Care Services.

Preparation: Please submit complete mailing address and indicate quantity of each form requested.

Mailing: Mail Order Form to:

Purchase of Medical Care Services
DHHS – Controller's Office
1904 Mail Service Center
Raleigh, NC 27699-1904
(919) 855-3700